

SECTION 8

- PUBLIC HEALTH COMMUNICATIONS -

Accurate, timely and regular communication throughout all phases of an influenza pandemic is integral to the success of our preparations for, and response to a pandemic. Utilizing core principles of risk communication will keep our partners, stakeholders and the general public informed of our planning efforts, educate them about personal and community-based preparedness planning, and will both help reduce anxiety and promote appropriate behavior.

As outlined in the CDC Public Health Preparedness and Response for Bioterrorism Cooperative Agreement, the Massachusetts Department of Public Health Center for Emergency Preparedness (CEP) is responsible for developing and implementing a plan for connectivity of key stakeholders involved in public health surveillance and response, including state and local public health officials, the medical community, public safety, and the general public.

Core elements of the communication system developed for pandemic influenza will be synchronized with the emergency management system's communication plan and used for all public health emergencies, with the understanding that the longer term nature of a pandemic will require flexibility in response to the changing nature of the disease outbreak. Elements of the plan that are specific to an influenza pandemic are outlined below.

The aim of the communication plan is to ensure a timely and efficient flow of accurate and consistent information during all phases of a pandemic. The plan is designed to facilitate communication among federal, state and local agencies and our community partners about influenza activity and circulating strains of influenza virus, recommendations for vaccines and antivirals, availability of vaccine and other recommended healthcare measures. This plan also describes the system for providing information to the general public through the media and other information outlets, and incorporates protocols outlined in the MDPH Risk Communication Plan.

1. Assumptions

- A. Dissemination and sharing of timely and accurate information among state and local public health officials, medical care providers, state and local government, business, the media and the general public will be one of the most important facets of the pandemic response.
- B. All sectors of the community will be involved in pandemic response, including local public health, the business community, public safety agencies, the education community, and the healthcare and insurance industries.
- C. Consistency of messages across all sectors is essential, and regular updates from the CDC will provide the basis for messages that can be tailored for local needs if necessary.
- D. Multiple, complex messages will be required to communicate with a wide variety of different audiences and populations at different stages of the pandemic
- E. Basic messages will change over the duration of the pandemic as the disease burden peaks and wanes, and as vaccines, antiviral medication and other treatments become available.
- F. There will be widespread circulation of conflicting information, misinformation and rumors. Communication must be coordinated among all relevant agencies to ensure consistent messages to the general public.
- G. There will be a great demand for accurate and timely information regarding:
 - Circulation of a pandemic strain
 - Disease burden

- Symptoms of the disease
- Disease complications and mortality
- When and where to seek medical care including Influenza Specialty Care Units(ISCU's)
- Disease control efforts, including availability and use of vaccines, antivirals and other preventive and treatment measures
- "Do's and Don'ts" for the general public
- Up-to-date information about PPE and current recommendations for masks/respirators
- Status of essential community services.
- Availability and eligibility for vaccine and anti-virals
- Where and when an influenza vaccine is available
- Status of planning and response

H. There will be a need for information for the general public about how and why a priority group for receipt of vaccine was developed and how decisions were made about the use of antiviral medicines. Appropriate messages will need to be employed to mitigate any sense of 'special treatment' being afforded to one or more segments of the population over others. Transparency of the decision-making processes is essential for building and maintaining credibility with the public.

- I. Public education will be a critical part of the response, and messages will be developed to correlate with pandemic phases as well as to circumstances and operations at the state level. During the pandemic alert phase, information about infection control and personal hygiene will be among our strongest tools; once a vaccine is widely available, information about immunization recommendations will be communicated.
- J. Certain groups will be hard to reach, including people whose primary language is not English, people who are homeless, people who are hearing and sight impaired, etc. The 'special populations' as identified in the state Emergency Preparedness Plan will be included in all communications efforts.
- K. Demand for information by health care providers will be so great that existing methods for educating health care providers could be overwhelmed. Current partnerships are being strengthened as a part of overall planning, and enhanced communications with providers will be implemented through an operational plan
- L. Messages and information will flow from National (CDC) and International (WHO) health authorities to the Incident Command at MDPH/CEP where it will be disseminated to Emergency Preparedness Regions and Coalitions across the Commonwealth through electronic, telephonic and fax mechanisms. In addition, information and communications plans will, to the extent possible, be shared with neighboring New England states, particularly in those areas where media markets cross state borders.

2. Responsibilities for Communication during a Pandemic

The Massachusetts Department of Public Health (MDPH) will work closely with our partners to disseminate information quickly and efficiently. These partners include:

- The Massachusetts Adult Immunization Coalition
- The Massachusetts Association of Health Boards (MAHB)
- The Massachusetts Association of Health Plans (MAHP)
- The Massachusetts Association of Public Health Nurses (MAPHN)
- The Massachusetts Chapter of the American Academy of Pediatrics (MCAAP)
- The Massachusetts Health Officers Association (MHOA)
- The Massachusetts Hospital Association (MHA)
- The Massachusetts Infectious Disease Society (MIDS)
- The Massachusetts League of Community Health Centers

- The Massachusetts Medical Society (MMS)
- The Massachusetts Nurses Association (MNA)
- The Massachusetts Quality Improvement Organization (MassPRO)
- The Massachusetts School Nurse Organization (MSNO)
- The Massachusetts State/Local Pandemic Planning Committee

Primary responsibilities for communication activities during a pandemic are outlined below:

- a. The MDPH Division of Epidemiology and Immunization is responsible for collecting and interpreting clinical influenza surveillance data, and for disseminating this information to:
 - The Commissioner's Office and the MDPH Center for Emergency Preparedness (CEP)/IC and other bureaus and centers in the Department. (Collection of surveillance data is described in the Surveillance section of the Massachusetts Influenza Pandemic Plan).
 - In consultation with the Governor's Office and the Office of the Secretary of Health and Human Services, the Center for Emergency Preparedness and the DPH PIO will develop messages appropriate to the situation. These messages will incorporate the messages and materials developed by the CDC so as to maintain consistency.
 - With approval from the Commissioner's Office, the Division of Epidemiology and Immunization will also disseminate clinical information to local boards of health and health departments via the HHAN, the MDPH Influenza Surveillance Web page (<http://www.mass.gov/dph/cdc/epii/flu/flusur.htm>),
 - Policy information and situation –appropriate messages will be developed at the IC, and will be communicated to local public health departments, regional emergency preparedness coalitions and local public health leadership organizations including MPHA, MAHB, etc.
 - Health care providers and hospitals will be notified via the HHAN, the MDPH Influenza Surveillance Web page and through relevant professional associations. Collaborative efforts with the leadership of the Massachusetts Medical Society and other professional associations are underway to develop the capacity to reach the membership of those organizations.
 - As appropriate, information will be shared with the private sector as outlined in the MAESF 18 for dissemination to their constituents. MDPH is working closely with the New England Disaster Recovery Information Exchange (NEDRIX) a professional association of business continuity planners who have the capacity to deliver messages to 1500+ businesses across the Commonwealth and beyond. Those business entities have internal communication protocols for reaching their employees, vendors and suppliers.
 - The Division of Epidemiology and the MDPH CEP will work with their partners to disseminate clinical guidelines and recommendations to health care providers and hospitals (specifically local health departments, hospital administrators, hospital disaster coordinators, emergency department directors, infection control nurses and hospital epidemiologists, infectious disease directors).
- b. As described in the MAESF 14: *Public Information*, MEMA, with support from the Governor's Public Affairs Office, will provide the general public, through the news media, with information on anticipated and on-going emergency response efforts necessary to maintain essential community services during the pandemic. MDPH will be activated as MAESF 8: *Public Health and Medical Care*, and will provide accurate and timely information to the designated spokespeople. If a JIC is activated, MDPH will play a lead role as subject matter experts.

Inter-pandemic Period:

B. MDPH Influenza Website

MDPH maintains an influenza website (www.mass.gov/dph/flu), with pages devoted to influenza surveillance, vaccine availability, guidelines and recommendations for providers and information for consumers. The website has links to the CDC flu website and to MassPRO's (Massachusetts Peer Review Organization) vaccination clinic website where information on all public clinics can be accessed by city/town or by zip code.

During the interpandemic period, MDPH will continue to promote and enhance the influenza website to ensure that all providers and the public are aware of the website as a source for information influenza control measures, including vaccination and antiviral medications, and updated information on influenza disease burden and epidemiology.

C. Hotline

When the call volume to MDPH increases due to real or perceived public health emergencies (flu vaccine shortage, anthrax), a conference room is set up with telephones and laptops to facilitate staffing a hotline. Primarily staffed with personnel from the MDPH Division of Epidemiology and Immunization personnel from other MDPH divisions are brought in and trained to staff the hotline as needed. The existing system has the capacity to handle 25 simultaneous calls. Calls can also be routed to MassSupport which staffs a hotline 24/7. (A further explanation of MassSupport can be found in the Psychosocial Support section of this Communications Plan.)

Through an existing arrangement at the State Emergency Operations Center (SEOC), located at MEMA, staff from the Massachusetts' Secretary of State's office is available to staff phone banks at that location if the volume of calls overwhelms capacity at MDPH. There are 14 phone lines available at MEMA.

An assessment of telephone capacity to make and receive large numbers of telephone calls is currently underway.

D. Facilities to Receive Satellite Broadcasts

Sites used on a regular basis to receive satellite broadcasts from the CDC include the State Laboratory Institute in Boston, Tewksbury State Hospital and 24 state and community colleges and five state university campuses across the state. In addition, the Boston Public Health Commission and a number of hospitals and universities in the state have the capacity to receive satellite broadcasts. MDPH is expanding this capacity to MDPH regional offices in Northampton, West Boylston and Canton.

E. Educational Materials

MDPH maintains an extensive library of educational materials for providers and the public, including print materials and videos/CDs. These materials provide information on influenza epidemiology, surveillance and reporting, vaccine, antiviral medications and other control measures. These materials are updated annually and can be quickly adapted for a pandemic situation. They are available from MDPH in hard copy and on the MDPH influenza website. Electronic versions of these materials can be disseminated quickly to local health departments, health care providers and other service providers via the HHAN and association list serves.

MDPH/CEP participates in the National Public Health Information Coalition, sharing information, resources, tools and best practices with public health agencies around the country. Timely, regular conference calls are held and are considered a valuable resource for current information on pandemic planning, announcements and media stories.

EOHHS agencies

As part of the EOHHS continuity of operations planning (COOP), representatives from all 17 EOHHS agencies (known as EOHHS COOP liaisons) are now on the HHAN.

It is proposed that these liaisons will receive information via the HHAN on conference calls, updated fact sheets, and other information relating to pandemic influenza.

Further, it is expected that these liaisons would be updated via the HHAN on pandemic-related activities. COOPs have been prepared by all agencies, and, following exercises and drills in 2006, they will be revised as needed and ready for implementation.

F. Mechanism for Distributing Information

MDPH collaborates with its partners to ensure that all public and private providers have access to relevant information. In addition to mass mailings, information is disseminated via list serves and through postings on the HHAN and on the MDPH websites and the websites of its partners. MDPH also fax broadcasts all local health departments. MDPH's partners, including trade and professional associations, forward the information on to their constituents. Redundancy is built into the system so that providers may receive information several different sources.

Communication Resources

G. Massachusetts Health and Homeland Alert Network (HHAN)

As a secure application interfaced with a wide range of devices (e.g. pager, fax, phone, email, wireless), the Massachusetts Health & Homeland Alert Network (HHAN) provides continuous, secure, bi-directional communication and information sharing in support of aspects of health emergency preparedness including, but not limited to, response planning, educational services, disease surveillance, laboratory reporting and epidemiological investigation. The core functionalities of the HHAN are:

- A role-based user directory containing the contact information of all appropriate Commonwealth personnel;
- User specific, rapid communication distribution for emergency situations (can alert phones, fax, email and pager);
- Online news postings for low priority information dissemination;
- Online discussion forums to provide a means for easy user collaboration and communication;
- Online training documentation and schedules to ease administrative burden associated with any existing and/or future educational services; and
- Online document collaboration and library to facilitate all document editing, approval and then distribution processes.

All state agencies and all 351 of the Commonwealth's cities and towns use the HHAN in support of bioterrorism preparedness. As of January, 2006 there are approximately 4500 registered users of the MA HHAN.

The aim of the Massachusetts Department of Public Health (MDPH) is to ensure that each municipality has at least one person trained from each of the following sectors:

- Public Health
- Emergency Management
- Community Health Centers
- Fire Services
- Emergency Medical Services
- Hospitals
- Police

H. Collaboration with the Media

MDPH routinely issues press releases and holds press conferences regarding the annual influenza season and the availability of influenza vaccine. MDPH and the Boston Public Health Commission (BPHC) have also collaborated on a day-long educational session for the media outlets in Massachusetts which included a panel discussion on flu pandemic planning currently underway in the state, as well as the media's role in appropriately communicating important health information about pandemic flu, as well other health threats.

MDPH, MassPRO and the Massachusetts Adult Immunization Coalition provide guidance on influenza campaigns, including model press releases and tips on working with the media to local health departments.

I. Conference Calls

MDPH holds regional and statewide conference calls with its partners, including local health departments and hospitals when it is necessary to get timely input into policy decisions and/or provide urgent information.

Pandemic Alert:

- A. The Executive Planning Committee (Commissioner, Center Directors, Medical Director) will implement contingency plans to obtain critical hardware, software or personnel to operate the pandemic communications system.
- B. The Executive Planning Committee will test the communications system.
- C. MDPH CEP will:
 - a. Notify the Governor's Office and other state agencies of the pandemic alert
 - b. Notify all hospitals of the pandemic alert through MHA and all hospital alerting systems (HHAN, NEXTEL, listserv)
 - c. Notify local health departments of the pandemic alert through the 15 Emergency Preparedness coalitions and sub-coalitions.
 - d. Meet with MEMA to review the Communication Plan.
 - e. Disseminate public statements, media alerts and advisories and disseminate to the media, including messages to ethnic, non-English outlets.
- D. The MDPH Division of Epidemiology and Immunization will:
 - a. Notify the providers in the Influenza Sentinel Surveillance System and reinforce influenza surveillance guidelines.
 - b. Review and update the influenza website on an ongoing basis.
 - c. Provide regular updates to the State/Local Pandemic Planning Committee via the committee listserv.
 - d. Update and disseminate guidelines on the prevention, diagnosis, and treatment of influenza and influenza-related illness, using guidelines from the CDC, the Advisory Committee on Immunization Practices and other national advisory groups.
 - e. Disseminate approved advisories, alerts and guidelines to providers and other stakeholders via listserv, the flu website and the HAN.
 - f. Implement a hotline staffed by MDPH staff and other agencies, as necessary.
- E. MDPH (Commissioner's Office, Division of Epidemiology and Immunization, CEP) will hold weekly (at a minimum) conference calls with local public health to provide updates and assess readiness.

- F. MDPH (Commissioner's Office, Division of Epidemiology and Immunization, CEP) will hold weekly (at a minimum) conference calls with hospitals to provide updates and assess readiness.
- G. MDPH (Commissioner's Office, Division of Epidemiology and Immunization, CEP) will hold weekly (at a minimum) conference calls with other health care providers (health plans, MMS, MCAAP, MIDS, etc.) to provide updates and assess readiness.

Pandemic Period:

If necessary, MEMA, with MDPH Public Information Office, CEP and the Governor's Public Affairs Office will set up a Joint Information Center to efficiently provide and disseminate accurate and consistent information to the general public. (See MAESF 14, *Public Information*, for a complete description of public information activities during major disaster.)

- A. If necessary, MEMA and support staff will operate a 24-hour public information telephone line to deal with citizen's inquiries. MassSupport operated by the Department of Mental Health will be activated. This may be augmented by the Secretary of State's Consumer Hotline. MAESF 14 support agencies will provide supplemental staffing as needed. All MAESFs, MAESF 8, *Health and Medical Services* (MDPH) will routinely brief MAESF 14 staff concerning on-going response actions.
- B. If necessary, MAESF14, *Public Information*, and MAESF 15, *Volunteers and Donations*, will work together to release information concerning what volunteer goods and services are needed, and where volunteers and donors may go to deliver such goods or potential services. (See Emergency Response section).
- C. MDPH will continue weekly conference calls with local public health, hospitals and other health care providers.
- D. MDPH will use the HHAN to provide information to local health departments and other health care facilities on disease impact and recommendations on prevention and control.
- E. When the availability of vaccine is anticipated, clear messages about priority groups, locations of clinics, and hours of operation will be disseminated through the MDPH and the Governor's Office. It is anticipated that the existing influenza vaccine regional distribution system will be utilized, and that information about availability will be disseminated through the MDPH PIO and the MassPRO network.

Annex to Public Health Communications Special Populations

Introduction

In order for MDPH to carry out effective risk communication methods for all residents of the Commonwealth, it is necessary to ensure inclusion of 'special populations' in planning development and exercise. Work is being done at the state and local level in Massachusetts toward this goal.

Many definitions of special populations exist, and, as such, the term 'special populations' can become quite expansive. The MDPH-CEP Special Populations Advisory Group has developed a working definition to facilitate discussion.

Special populations can be thought of in two major groups:

A. Demographic Group: This group includes demographically distinct populations or individuals whose demographic distinction may put them at risk of isolation during an emergency.

Examples of demographically distinct populations may include racial minorities; ethnic minorities; populations with distinct cultural or linguistic needs; elders; children; refugees and immigrants; institutionalized individuals, etc.

B. Health Conditions Group: This group includes individuals or populations with physical disabilities or other functional health impairments that at times may entail dependence on mechanical or technological equipment and also may put them at risk of isolation during an emergency.

Examples of individuals with health conditions may include persons who are deaf or hard of hearing; visually impaired; use of a wheelchair; homebound; or have a mental health and/or substance abuse conditions, etc.

Planning Activities

There are two major barriers in communicating with special populations: 1) identification of special populations (i.e., who they are in a community, where do they reside); and 2) establishment of appropriate and effective communication strategies and methods (both technical and cultural) for reaching such individuals.

➤ Local Efforts

MDPH has required that local boards of health include provisions for populations with special needs in their municipality's Comprehensive Emergency Management Plan. MDPH plans to review a percentage of these local plans by the end of 2006. To assist local health officials with this task, MDPH has produced the following tools: (*Special Populations Guidance for Local Boards of Health*) and (*Emergency Preparedness and Special Populations – Community Planning*). MDPH expects to complete and disseminate additional guidance by the end of August 2006.

➤ WGBH's National Center for Accessible Media

MDPH and MEMA participate in the WGBH National Center for Accessible Media (NCAM) Access Alert project which is uniting emergency alert providers, local information resources, telecommunications industry and public broadcasting representatives, and consumers in a collaborative effort to research and disseminate approaches to make emergency warnings accessible (especially for sensory-disabled individuals). More information about this WGBH initiative can be found here:

<http://ncam.wgbh.org/index.html>

D. Public Health Emergency Preparedness Translated Documents

Pictograms

MDPH's Strategic National Stockpile (SNS) team recently developed a tool, *Public Health Emergency Preparedness Translated Documents*, to assist with the downloading of translated documents intended for public dissemination. The Excel spreadsheet contains embedded Adobe documents on public health threats as posted on websites maintained by state and federal agencies such as MDPH and the U.S. CDC. The intent of this spreadsheet is to minimize difficulties encountered in finding translated fact sheets, etc. in certain languages and simplifies the search for specific documents by utilizing an at-a-glance format.

The spreadsheet is considered a working document and will be updated periodically as updated and new translations are generated. Due to its large size, MDPH does not recommend downloading this document to a PC or laptop computer; the comprehensive spreadsheet will require downloading to a CD or thumb drive in order to minimize risk to computer hardware. Adobe Acrobat reader is required to access specific documents in the spreadsheet.

The SNS team is also exploring the provision of pictograph posters to municipal emergency dispensing sites for use during a public health incident. The pictographs transcend the need for translation by providing visual outreach using universal symbols to all non-English speaking populations. This new proposal to distribute universal pictograph posters to all emergency dispensing sites throughout Massachusetts will ensure a unified approach to ensuring proper medical prophylaxis of dispensing site patients in spite of potential language barriers.

Current Communication Procedures and Available Information

Information for Non-English Speaking Individuals

The CDC has influenza information available in Spanish, Tagalog (Filipino), Chinese, and Vietnamese located here: <http://www.cdc.gov/flu/languages.htm>

Vaccine Information Statements

Vaccine information statements are available in multiple foreign languages from the Immunization Action Coalition here: <http://www.immunize.org/vis/-index>. With respect to annual influenza, there are VIS's for inactivated influenza vaccine and live intranasal influenza vaccine.

Since 2002, MDPH has contracted with The Communications Group, a marketing and advertising firm specializing in outreach to non-English speaking populations, in a campaign to encourage annual influenza immunization in those populations. The Communications Group has established relationships with 16 key publications with a reach of over 558,000 residents of the Commonwealth's non-English and immigrant communities. They have produced camera-ready public service advertisements and fact sheets on flu prevention and have translated those into 6 languages – Spanish, Portuguese, Haitian Creole, Chinese, Vietnamese and Khmer. These materials will be updated with information about pandemic influenza and will be expanded to include additional languages to match the demographic profiles in Massachusetts.

Massachusetts Commission for the Blind and Massachusetts Commission for the Deaf and Hard of Hearing

MDPH has recently expanded its support agencies under ESF8 to include the Massachusetts Commission for the Blind (MCB) and Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH). As Departments in EOHHS, MCB and MCDHH will receive HHAN alerts (see above and will serve as) members of the Massachusetts Emergency Management Team. It is hoped that, as this relationship grows, MCB and MCDHH can assist MDPH and MEMA in communications with sensory-disabled individuals.